

PRINTED: 02/20/2008  
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HFD12-0074	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  02/04/2008
NAME OF PROVIDER OR SUPPLIER  CAPITAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2820 HARTFORD STREET, SE WASHINGTON, DC 20020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1000	INITIAL COMMENTS  An initial licensure survey was initiated on January 31, 2008 and completed on February 4, 2008. A random sample of three clients was selected from a population of four female residents and two males residents with varying degrees of mental retardation and other disabilities.  The findings of the survey were based on observations at the residence and two day programs. Also the findings were based on management and direct care staff in the residential and day program, as well as a review of habilitation and administrative records, to include the facility's unusual incident reporting system.	1000			
1022	3501.5 ENVIRONMENTAL REQ / USE OF SPACE  Each window shall be supplied with curtains, shades or blinds, which are kept clean, and in good repair.  This State is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure blinds and curtains at each window.  The finding includes:  On February 4, 2008 at approximately 12:30 PM the blinds in the living room were observed to be bent in several places.	1022	3501.5 The blinds in the living room will be replaced by 3/15/08. In the future, the home manager will perform monthly environmental audits, and submit repair requests so that all issues are resolved in a timely manner.	2008 MAR - 3 P 1:35  3/15/08	
1090	3504.1 HOUSEKEEPING  The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive,	1090			

Health Regulation Administration

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0890

TSDJ11

If continuation sheet 1 of 12

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1090	<p>Continued From page 1</p> <p>and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.</p> <p>This statute is not met as evidenced by: Based on observations, the GHMRP failed to maintain a safe, clean, orderly, attractive facility free from dirt and rubbish.</p> <p>The finding includes:</p> <p>During the environmental inspection conducted on February 4, 2008 the GHMRP failed to ensure the following:</p> <p>Internal:</p> <ol style="list-style-type: none"> <li>1. The toilet in the bathroom was not secured to the floor.</li> <li>2. The garbage disposal was inoperable.</li> <li>3. The cabinets underneath the kitchen sink was observed to have water damage and mold.</li> <li>4. The cabinet opposite the sink was observed to have water damage.</li> <li>5. Several pots and pans were observe with rust and burnt food.</li> <li>6. The cabinets over the refrigerator had a greasy film and could not be open.</li> <li>7. The cabinets over the counter next to the refrigerator could not be open.</li> <li>8. The thermometer in the freezer was broken.</li> </ol>	1090	<p>3504.1 Internal.</p> <ol style="list-style-type: none"> <li>1. A new toilet has been installed, and secured to the floor. 2/10/08.</li> <li>2. The Garbage disposal has been repaired, and is operable. 2/10/08</li> <li>3, 4, 6, 7. The cabinets in the kitchen will be repaired by 3/30/08.</li> <li>5. New pots and pans have been purchased. 2/25/08.</li> <li>8, 9. All the refrigerators and freezers now have thermometers. 2/15/08.</li> <li>10. All bulbs have been replaced and there is enough lighting in the dining room.</li> </ol> <p>In the future, environmental audits will be conducted monthly and requests made for repairs to include purchasing equipment for the home and kitchen. Program coordinator will provide further oversight to ensure that audits are done adequately and timely.</p>	3/30/08	

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I 090	Continued From page 2  9. The thermometer in the stand up freezer was broken.  10. The light fixtures in the dining room area were without working bulbs.  External.  1. Naked wiring was observed exposed from the exterior corner of the group home. The wiring was partially incased in a plastic box with a missing protective panel door. The wiring exposed was labeled with white tape that specified "Kitchen, office and living room".  2. A total of five windows were without protective/storm window screen.  3. Four windows with air condition units were not sealed and the units were not secure. When touched the air conditioners they were observed to move back and forth in the window seal.	I 090	External.  1. The wiring on the outside of the home has been secured. 2/29/08.  2. All windows will be inspected for protective covering, and repairs done by 3/15/08.  3. All windows with air conditioning seals will be secured and sealed by 3/15/08.  In the future, environmental audits will be conducted monthly and requests made for repairs to include purchasing equipment for the home and kitchen.	3/30/08	
I 107	3504.14 HOUSEKEEPING  Each GHMRP shall provide a washer and dryer or make alternative provisions so that each resident who wishes to shall have a safe and convenient place to wash and dry personal laundry.  This Standard is not met as evidenced by: Based on interview the GHMRP dryer was not working appropriately.  The finding includes:  During the inspection of the environment on February 14, 2008, the dryer was making a loud	I 107	3504.14  The washer was replaced on 2/5/08. The home manager will make sure that all housekeeping issues are identified and resolved in a timely manner.	3/15/08	

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I 107	Continued From page 3  and piercing noise when operating which was unpleasant to the residents. According to the Program Coordinator the dryer was not working adequately and was scheduled to be replaced.	I 107			
I 140	3506.1(a) PROGRAM STATEMENT  Each GHMRP shall have a written statement of its philosophy and programmatic goals which shall include, at a minimum, the following:  (a) The number and types of residents to be served.  This statute is not met as evidenced by: Based on record review and staff interview GHMRP failed to ensure the provisions of this regulatory requirement.  The finding includes:  Review of the policy and procedure manual did not address a statement of the agency's philosophy, programmatic goals and failed to address the number and type of residents to be served in this facility. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 140	3506.1 The policies and procedures will be modified to include the statement of its philosophy and programmatic goals with the number and type of individuals served. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08	
I 163	3507.4(a) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (a) General administration, which covers the governing body, organization charts, internal assessment of the quality of care, and fiscal management;	I 163	3507.4(a) The policies and procedures will be modified to include an organizational chart, and internal procedures to ensure the integrity and quality assurance of the home. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08.	

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I 163	Continued From page 4  This Statute is not met as evidenced by: Based on staff interview and record review, the facility failed to develop and established lines of authority and internal quality assurance policies and procedures.  The finding includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and the review of the policy and procedure manual did not revealed an organizational charts and no internal procedures to ensure the integrity and quality assurance of the GHMRP. Interview with the facility's Administrator revealed that he will modify the policies and procedures to incorporate the provisions of the regulatory requirement.	I 163			
I 164	3507.4 (b) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (b) Physical environment, which covers housekeeping, maintenance, household items and furnishings;  This Statute is not met as evidenced by: Based on the review of records the GHMRP failed to ensure that a policy to address physical environment was include in its policy and procedure manual.  The finding Includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and review of the personnel policies and procedures manual failed to have a policy on physical environment and	I 164	3507.4 (b) The policies and procedures will be modified to include a policy on physical environment and procedures for cleaning the kitchen. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08	

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I 164	Continued From page 5  procedures for cleaning the kitchen. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 164			
I 185	3507.4(c) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (c) Health and safety, which covers fire safety and evaluation, infection control, medication, and procedures for emergency and the death of a resident.  This State is not met as evidenced by: Based on interview and record review of the GHMRP policy and procedure manual failed to have the agency's policy on infection control.  The finding includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and review of the personnel policies and procedures manual failed to have a policy on infection control practices for the GHMRP. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 165			
I 166	3507.4(d) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (d) Record keeping, which covers resident records, administrative records, and	I 166	3507.4 (c) The policies and procedures will be modified to include a policy on infection control. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08	

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I 166	Continued From page 6  confidentiality of records;  This Statute is not met as evidenced by: Based on interview and record review, the facility failed to have a policy on record keeping.  The finding includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and review of the personnel policies and procedures failed to have a policy on record keeping in the GHMRP. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 166	3507.4(d) The policies and procedures will be modified to include a policy on record keeping. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08	
I 167	3507.4(e) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (e) Personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory;  This Statute is not met as evidenced by: Based on interview and records review GHMRP failed to ensure policies included a policy to address personnel.  The finding includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a policy on personnel, which covers job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory requirements. Interview with the	I 167	3507.4(e) The policies and procedures will be modified to include policies and procedures that cover job descriptions and qualifications, staff/resident ratios, training and staff development, health inventory. The administrator will review and sign the policies and procedure manual at least annually.	3/30/08	

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I 167	Continued From page 7  facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 167			
I 169	3507.4(g) POLICIES AND PROCEDURES  The manual shall incorporate policies and procedures for at least the following:  (g) Resident life, which covers clothing, management of funds, resident rights, discipline, behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work.  This State is not met as evidenced by: Based on interview and record review, the GHMRP failed to implement have written policies to address residents independence.  The finding includes:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator Review of the policies and procedures the GHMRP failed to have a policy to address the Residents' life, which covers clothing, management of funds, resident rights, discipline, behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 169	3507.4(g) The policies and procedures will be modified to include resident life which covers clothing, management of funds, resident rights, discipline, behavior management, services, parental and guardian involvement, visitation, staff treatment of residents, and resident work. The administrator will review and sign the policies and procedure manual at least annually.	3/30/8	
I 184	3508.5(a) ADMINISTRATIVE SUPPORT	I 184			



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1184	<p>Continued From page 8</p> <p>Each GHMRP shall have an organization chart that shows the following:</p> <p>(a) All major components of the administering agency or the roles of individuals when the licensee is not an agency:</p> <p>This Statute is not met as evidenced by: Based on interview and review of the policy and procedures manual, the GHMRP failed to provide an organizational chart representative of its organizational hierarchy.</p> <p>The finding includes:</p> <p>On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and review of the policies and procedures for GHMRP failed to have an organizational chart. On February 4, 2008 at approximately 1:30 PM, interview with the Assistant Director revealed a draft copy of the organizations' structure, however the Director explained that roles are in the process of being defined and the final organizational chart was pending final approval by the Administrator.</p>	1184	<p>3508.5(a)</p> <p>The organizational chart that shows all major components of the administering agency is in development, and will be available by 3/15/08.</p> <p>The administrator will review and revise the organizational chart as roles change or on an annual basis.</p>	3/30/08	
1202	<p>3509.2 PERSONNEL POLICIES</p> <p>Each staff person shall have a written job description, which details each of his or her major responsibilities and duties and supervisory control.</p> <p>This Statute is not met as evidenced by: Based on record review, the GHMRP failed to have on file for review current job descriptions for all employees.</p> <p>The findings include:</p>	1202	<p>3509.2</p> <p>All direct care staff now have their job description, and they have been reviewed and signed. 2/15/08.</p> <p>The human resources department will review job descriptions with new hires and obtain signatures prior to employment. The HR will also audit personnel folders quarterly to ensure that all staff have their current job descriptions.</p>	3/15/08	

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I 202	Continued From page 9  Review of the personnel files on February 4, 2008, revealed that the GHMRP failed to provide current job descriptions for four direct care staff (EB, TP, MG and MZ) and Program Coordinator, house manager, Quality Assurance Manager and Incident Management Coordinator.	I 202			
I 206	3509.6 PERSONNEL POLICIES  Each employee, prior to employment and annually thereafter, shall provide a physician's certification that a health inventory has been performed and that the employee's health status would allow him or her to perform the required duties.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter, provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties.  The findings include:  Interview with the Program Coordinator and review of the GHMRP's personnel files on February 4, 2008 at 2:00 PM revealed the GHMRP failed to provide evidence that current health certificates were on file for (6) six direct care staff (EB, TP, MZ, MR and EA MB) and (3) three consultants ( Nutritionist, Social Worker, Primary Care Physician) and (5) five LNP's (CO,	I 206	3509.6 All employees whose health certificates are outdated have been notified and given two weeks to obtain them. They will be taken off the schedule if health certificates are not obtained by 3/20/08. The HR will also audit personnel folders quarterly to ensure that all staff has their current health certificates.	3/20/08	

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1208	Continued From page 10 MO, DW, CT and FZ).	1208			
1291	<p><b>3514.2 RESIDENT RECORDS</b></p> <p>Each record shall be kept current, dated, and signed by each individual who makes an entry.</p> <p>This Statute is not met as evidenced by: Based on staff interview and record review, the GHMRP failed to ensure that the medical staff signed and dated medical records for six of the six residents residing in the facility. [Residents #1, #2, #3, #4, #5 and #6]</p> <p>The findings include:</p> <p>Review of the physician's orders on January 31, 2008, revealed that primary care physician had not signed and dated the physician's orders for treatment as the responsible medical professional monitoring the residents medical care. Further review revealed that the nursing staff had not signed the orders either. Additional review of the orders revealed that some of the orders were not clear and needed clarification. For Example:</p> <p>1. Resident #1 was diagnosed with Non Insulin Dependent Diabetes Mellitus. The Physician order in the treatment section revealed that "Blood sugar monitoring every day". Further review of the orders did not indicate what time of day her blood sugar levels were to be taken for optimal success. Also there was no evidence of a Health Management Care Plan to address the client's diagnosis of Diabetes.</p> <p>2. Resident #3 is prescribed Lorazepam 2 mg, one tablet to be taken by mouth at bedtime. Further review of the physician orders did not</p>	1291	<p><b>3514.2</b></p> <p>All physician order sheets have now been signed by the physician and registered nurse. The director of nursing will perform quarterly audits of medical records to ensure that all records are up to date and signed by the physician and registered nurse.</p> <p>1. The physician orders for resident #1 has been clarified to indicate the time for blood sugar monitoring. The health care plan has also been updated to address the diagnosis of Diabetes.</p> <p><b>3514.2</b></p> <p>2. The registered nurse will confer with the primary care physician to clarify the purpose of the medication Lorazepam that resident #3 is taking by 3/5/08. The health care management plan will be updated to determine the purpose and use of this sedation.</p>	<p>2/29/08</p> <p>3/15/08</p>	

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1291	<p>Continued From page 11</p> <p>reflect the purpose in which this sedation was to be administered. Also there was no evidence that a Health Management Care Plan to determine the purpose and use of this sedation.</p> <p>3. Resident #3 has an order for Renegal 800 mg that was ordered three times a day with his meals. Dinner observation on February 1, 2008 approximately at 5:00 PM revealed the medication was not administered. Interview with the medication nurse revealed that "the medication may have been discontinued". The nurse was unable to determine the status of the orders.</p> <p>4. Resident #4 had instruction for "Tube Feed Nutren 1.5 Fiber 5 cans via J-Tube every day with 100 ml water flush via J-tube before and after each feeding". Secondly, Resource Beneproten powder 1 scoop mixed with 50 ML water via G-tube 3 times a day. Further review of the physician's order did not reflect 3 times a day as the frequency and the time parameter in which either the tube feeding or the Resource supplement were to be provided for Resident #4.</p> <p>5. Observation of January 31, 2008 and February 1, 2008 evidence that Resident #4's hands were contracted. Interview with the nurse revealed that hands splints supports to reduce contracture were to be encouraged for proper hand positioning and support.</p> <p>Review of the physician's order confirmed that this support has been prescribed by the physician. On February 4, 2008, the surveyor inquired as to where the resident personal property inventory was in the Resident's habilitation records. The response was that the direct care staff had not completed the resident's</p>	1291	<p>3. The Registered nurse will determine the status of the medication, and make sure that it's status is current on the physician order sheet, and medication administration record. In addition, medication nurses will receive training from the registered nurse on medication administration. The RN will conduct a periodic monitoring medication pass to ensure that all medication is being properly administered.</p> <p>4. The physician orders for resident #4's tube feedings, will be clarified to indicate frequency and time parameters. The RN will review all physician orders monthly to ensure that all orders are clear and precise.</p> <p>5. Resident #4's hand splints have been located, and are in use. The home manager will update all personal inventories at least every six months to ensure that all items are accounted for, and if needed are purchased.</p>	<p>3/15/08</p> <p>3/15/08</p> <p>3/30/08</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HFD12-0074</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/04/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAPITAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2820 HARTFORD STREET, SE WASHINGTON, DC 20020</b>			
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I 291	Continued From page 12  personal inventory and she was not sure if hand splints were a part of his personal items when transferred into the facility.	I 291			
I 370	<b>3519.1 EMERGENCIES</b>  Each GHMRP shall maintain written policies and procedures which address emergency situations, including fire or general disaster, missing persons, serious illness or trauma, and death.  This State is not met as evidenced by: Based on observation, interview and record review the GHMRP failed to ensure that the staff and nursing personnel followed the agency policies and procedures on emergencies.  The finding include:  On January 31, 2008 at approximately 2:30 PM, interview with the Administrator and review of the agency's policies and procedures revealed that the GHMRP failed to have a policy for personnel, which covers fire evacuation procedures, missing persons and death and burial and funeral arrangement. Interview with the facility's Administrator revealed that he will modify the current policies and procedures to incorporate the provisions of the regulatory requirement.	I 370	<b>3519.1</b> The facility administrator is in the process of modifying the policy on personnel, which covers fire evacuation procedures, missing persons and death and burial and funeral arrangements. The administrator will conduct an annual review and sign all policies and procedures to make sure that they are updated and functional.	3/30/08	
I 371	<b>3519.2 EMERGENCIES</b>  Each GHMRP shall maintain written documentation that each employee has been trained in carrying out the policies and procedures set forth in § 3519.1 of this section.  This State is not met as evidenced by: Based on interview and record review, the	I 371			

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1371	Continued From page 13  GHMRP failed to train the staff on the agency's policies and procedures.  The finding includes:  On February 4, 2008 at approximately 2:30 PM, interview with the Administrator review of the available training records the GHMRP failed to have evidence that direct care staff were trained on the agency's policies and procedures and personnel practices.	1371	3519.2 All staff is in the process of receiving all required training on policies and personnel practices. This will be completed by 3/30/08. All staff will be trained annually and upon hire on policies and procedures. Human resources will maintain a log of all training for each staff person; these will be reviewed quarterly to ensure that they are current.	3/30/08	
1372	3519.3 EMERGENCIES  Each GHMRP shall post by each telephone emergency numbers, which include at least fire and rescue squads, the local police department, each resident's physician, and the agency's on-duty administrator.  This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to have emergency contacts information available for the staff's use.  The finding includes:  Observation throughout the facility revealed no evidence that emergency contact information had been posted or was available for direct care staff to use in case of emergencies.	1372	3519.3 Emergency telephone numbers for all Emergency personnel including fire, police, physician and agency administration has been developed and is posted in the facility for staff. They have been trained on emergency procedures, and program coordinator will review emergency procedures with all new staff and periodically at staff meetings.	3/30/08	
1391	3520.2 (C) PROFESSION SERVICES: GENERAL PROVISIONS  Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every	1391			

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1391	<p>Continued From page 14</p> <p>individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:</p> <p>(a) Medicine;</p> <p>This statute is not met as evidenced by: The GIMRP failed to have current license available as required by District of Columbia law in the following areas of professional services:</p> <p>The finding includes:</p> <p>Review of the consultant personnel files on January 31, 2008, revealed the facility failed to provide a license for one of the primary care physicians.</p>	1391	<p>3520.2(a) The primary care physician for the residents has provided his license, which is now on file in the home. The HR department will audit personnel files quarterly, to ensure that all licenses are current.</p>	2/29/08
1395	<p>3520.2(e) PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GIMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:</p> <p>(e) Nursing;</p> <p>This statute is not met as evidenced by:</p>	1395	<p>3520.2(e) All nurses have been instructed to provide current licenses by 3/5/08. If this does not occur, they shall be taken off the schedule until they can provide current licenses. The HR department will audit personnel files quarterly, to ensure that all licenses are current.</p>	3/5/08

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1395	Continued From page 15  Based on interview and record review, the GHMRP failed to ensure its nurses had current licenses on file.  The finding includes:  Review of the personnel records on February 4, 2008 revealed that the GHMRP failed to have current license on file for two License Practical Nurse (LPN) employed by the agency (MO, CT).	1395			
1396	3520.2(f) PROFESSION SERVICES: GENERAL PROVISIONS  Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:  (f) Occupational Therapy;  This statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure its nurses had current licenses on file.  The finding includes:  Review of the personnel records on February 4, 2008 revealed that the GHMRP failed to have current license on file for Occupational Therapist (OT).	1396	3520.2(f) All OT has been notified to provide a current license by 3/5/08. The HR department will audit personnel files quarterly, to ensure that all licenses are current.	3/5/08	



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1398	Continued From page 16	1398			
1398	<p>3520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS</p> <p>Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services:</p> <p>(h) Social Work;</p> <p>This Statute is not met as evidenced by: Based on interview and record review the GHMRP failed to have each professionals license on file.</p> <p>The finding includes:</p> <p>Interview and review of the consultants files on February 4, 2008 failed to evidence that the Social Worker had current license on file at the time of the survey.</p>	1398	<p>3520.2(h)</p> <p>At this time social work services are contracted out to agencies by the department on disability services. Capital care will follow up with DDS in such instances and find out about getting licenses. The licenses will be place in the file by 3/30/08. The HR department will audit personnel files quarterly, to ensure that all licenses are current.</p>	3/5/08	
1454	<p>3521.3 HABILITATION AND TRAINING</p> <p>Each GHMRP, in addition to the above provisions, shall assist each resident in obtaining placement in an appropriate educational, employment, or daytime training program; Provided, that the placement shall be consistent with the resident's Individual Habilitation Plan.</p> <p>This Statute is not met as evidenced by:</p>	1454			

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1454	Continued From page 17  Based on observation, interviews with group home and day program staff, and record review, the facility failed to ensure that outside services met the needs of three of the six clients residing in the facility.  The findings includes:  On February 4, 2007 interview with Resident #2, Resident #5 and Resident #6 day program staff, the Program Coordinator and the review day program habilitation documentation failed to evidence that neither of these residents were participating in day program services in accordance with their Individual Habilitation Plans.	1454	3521.9  Resident #2 now attends day program on a daily basis. In the future, all attempts will be made in coordination with the DDS Service Coordinator and residential coordinator to assist individuals in locating appropriate day program placement within 15 days of discharge from another program. Residents #5 and #6 are medically fragile, and must be at home due to medical treatments that cannot be performed at a day program site. The home has provided a list of leisure activities and ADL programs to engage in while in the home, so that they continue to learn and grow or at the very least maintain their levels of performance.	3/30/08	
1474	3522.5 MEDICATIONS  Each GHMRP shall maintain an individual medication administration record for each resident.  This State is not met as evidenced by: Based on observation, interview and record review, the GHMRP's nursing staff failed to ensure medication administration records were without documentation error.  The finding includes:  1. Observation of the medication pass on February 1, 2008 at approximately 5:05 PM revealed that the Resident #3 was prescribed Renagel 100 mg three times a day with his meals. Interview with the LNP and review of the MAR's revealed the GHMRP LPN failed to administer the resident's medications prior to his dinner. Further review of the MAR revealed that	1474	3522.5  1. The RN has reviewed the policy on medication administration with the LPNs. LPN has also been in-serviced on proper medication administration documentation, and charting errors. The RN will provide quarterly oversight to ensure that medications are administered properly, and errors properly documented.	3/20/08	

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1474	Continued From page 18  the LNP signed in the MAR that she administered this medication which was an documentation error.  2. Observation of the medication pass on February 1, 2008 at approximately 5:05 PM revealed that the Resident #5 refused to take her Docusate Sodium 100 mg from the medication nurse. The medication nurse stated she would give it to the resident later when calm. At the completion of the medication pass the nurse did not make a second attempt to administer the client Docusate. According to interview with the LPN coordinator she administered the medication later that evening. However, the nurse had not ensured that the MAR documentation reflected the correct LNP who administered the medication.	1474	2. The RN has reviewed the policy on medication administration with the LPNs. LPN has also been in-serviced on proper medication administration documentation, and charting errors. The RN will provide quarterly oversight to ensure that medications are administered properly, and errors properly documented.	3/20/08	

To: Ms. Sharon Mebane, DOH

From: Paul Atang, Capital Care

RE: Survey Responses for 2820 Hartford street, SE DC 20020.

Date: March 3, 2008

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Department of Health

Health Care Regulation  
& Licensure Administration



**SENT VIA FACSIMILE & MAILED**

February 20, 2008

Mr. Paul Atang  
Executive Director  
Capital Care, Inc.  
12416 Denley Road  
Silver Spring, MD 20906-3804

**RE: 2820 Hartford Street, SE**

Dear Mr. Atang:

Pursuant to your request, an initial licensure survey was conducted at your facility identified above on February 14, 2008. Enclosed is the Statement of Deficiencies for licensure. You are required to respond to each deficiency. Although a reasonable period of time may be allowed for actual correction of these deficiencies, it is imperative that your plan, with specific dates for anticipated completion, be signed, dated and returned to this office no later than March 3, 2008. Since these reports are subject to public disclosure, it is necessary that the responses be indicated on the original forms (and not on an attachment, except if submitting a copy of a policy change). NOTE: "Corrected" is not an accepted reply. The plan MUST also include the following.

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur; and
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be implemented.

**PLEASE NOTE:** Plans of Correction not adhering to the above requirements will not be considered acceptable.